



Office of Long Island Sound Programs
Long Island Sound Fund

**STORM DRAIN
MARKER PROGRAM**

Dear Friend of the Environment:

The Department of Environmental Protection is pleased to announce an important new initiative under the Long Island Sound Fund. Our new Storm Drain Marker program will help raise awareness about the impacts of stormwater on the waterways of Connecticut, which ultimately lead to Long Island Sound.

We are making Storm Drain Marker Kits available at no cost to organizations interested in installing them in watersheds that drain to the Sound. The kits contain flexible full-color storm drain markers that are easily applied to storm drains or adjacent sidewalks. The markers alert passers-by that a storm drain "Drains To Waterways and Long Island Sound," and are available in either English or Spanish. The kits also contain an educational brochure about stormwater that provides helpful tips about how residents can prevent nonpoint source pollution. The brochure is intended to be distributed to residents in the neighborhoods where storm drain markers are installed.

Accompanying this letter is an application for a free Storm Drain Marker Kit. Included in the kits are all the materials necessary to conduct a storm drain marker project - markers, adhesives, safety gloves, press releases, educational brochures and instructions. Once you have applied for and received your kit, all you need to supply are the volunteers and your time! The kits are available upon request while supplies last. Please join us in this effort to raise awareness about stormwater and the simple things that we as residents can do to help prevent nonpoint source pollution from entering our waterways.

Questions about this program or the Long Island Sound Fund in general may be directed to Kate Hughes Brown at (860) 424-3034 or kate.brown@po.state.ct.us.

February 1, 2003

Application for a Storm Drain Marker Kit

(Kits are available upon request, while supplies last)



Storm Drain Marker Program
Funded by the Long Island Sound License Plate Program
Connecticut Department of Environmental Protection

1. Organization Name: _____
2. Organization Address: _____
3. Contact Name and Title: _____
4. Contact Address (if different from Organization): _____
5. Contact Daytime Phone: _____
6. Municipality or municipalities where storm drain marking will be conducted (please indicate name(s) of municipality): _____
7. Number and locations of storm drains to be marked (*attach a street map which identifies the locations of storm drains to be marked*): _____
8. Number of Participants: _____
9. Age Group(s): ___ High School Students ___ Adults
(Please note that this program is not recommended for age groups below high school level, and installation of storm drain markers by individuals under the age of 18 is not recommended.)
10. Storm drain markers are available in English and Spanish. Please identify the number and type of storm drain markers requested. Please verify that this number corresponds to the number of storm drains to be marked (see item 7., above): English: _____ Spanish: _____
*****DEP reserves the right to limit the number of storm drain markers per group*****



Storm drain marker actual size is 3 ¾" x 8" round cornered rectangle.

Required Attachments Checklist

Please initial each statement, complete the signature section on page 3, and provide all applicable attachments identified below.

- ____ I have attached a letter of permission from the local Department of Public Works, or applicable Water Authority or owner of storm drains in the area to be marked as identified in item 6 of this application form.
- ____ I have attached a copy of a letter to the local Police Department informing them that we will be conducting storm drain marker installation on in the area of: (enter applicable neighborhood or street descriptions)_____
- ____ I agree to provide this letter to the local Police Department a minimum of 24 hours prior to conducting storm drain marker activities.
- ____ I have attached a map of the area(s) where storm drain markers will be installed, and have indicated on the map the locations of the storm drains, as required in item number 7 of this application form.
- ____ I agree to send press releases to a local paper about my organization's storm drain marker installation activities at least three days prior to conducting the activity, and no later than three days following the activity. I understand that the DEP will provide our organization with standard "fill-in" press releases into which we may insert information about our organization. Our organization agrees to use these "fill-in" press releases to fulfill this requirement.
- ____ I agree to distribute an informational brochure about the storm drain marker program in the neighborhoods where our organization conducts storm drain marker installation. I understand that copies of these brochures will be provided to our organization as part of the package we will receive from DEP. Distribution of informational brochures is recommended for all age groups, and with adult supervision where applicable.
- ____ I agree to read and adhere to the storm drain marker installation instructions that will be provided by DEP with the accompanying storm drain marker kit. Our organization also agrees to wear protective gloves provided by DEP during the installation of storm drain markers.
- ____ I understand that the adhesive which will be provided in the storm drain marker kit contains toluene, and **is not recommended for use by children under the age of 18**. I understand that it is recommended that participants under the age of 18 be encouraged to participate in this program by distributing informational brochures and by conducting other associated outreach activities. I agree to provide adult supervision during the installation of all storm drain markers.
- ____ I agree to notify all program participants who will use the adhesive of the proper use of and potential dangers associated with this adhesive, as identified in the installation instructions provided by das Manufacturing, Inc. (copy attached).

_____ Our organization agrees to release and indemnify DEP from any liability associated with the installation of storm drain markers, as well as the use and storage of the associated adhesive materials. Our organization agrees to collect all unused or empty tubes of adhesive, to dispose of them properly, and not to allow the adhesive to be used for anything but its intended purpose. Our organization shall assume responsibility for the proper use and storage of the adhesive materials provided in the storm drain marker kit in accordance with installation instructions provided by das Manufacturing, Inc. (copy attached).

Name and title (please print or type):_____

Signature:_____ date _____

Completed and signed application with all attachments may be sent to:

**Kate Hughes Brown, Long Island Sound Fund Coordinator
Office of Long Island Sound Programs
Department of Environmental Protection
79 Elm Street
Hartford, CT 06106-5127**

**(860) 424-3034
kate.brown@po.state.ct.us**

You will be contacted once we have reviewed and approved your application and have compiled the requested number of markers and associated materials. Storm drain marker kits may be picked up at our 79 Elm Street office in Hartford.

INSTALLATION INSTRUCTIONS

das CURB MARKER ADHESIVE #RS-222

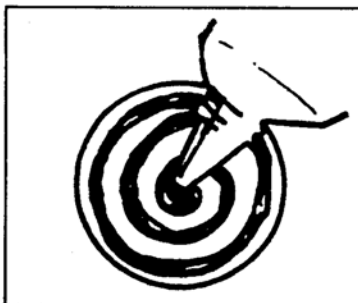
Please Read Before Installation

- Read Cautionary Statement and First Aid Procedures.
- Surfaces to be bonded must be clean, dry and free of any loose debris.
- If the application surface is painted; all loose paint should be removed. An installation should then be made and tested for adhesion before proceeding further.
- Follow installation instructions carefully.
- Application surface must be flat. The das Curb Marker will not conform to uneven or curved surfaces.

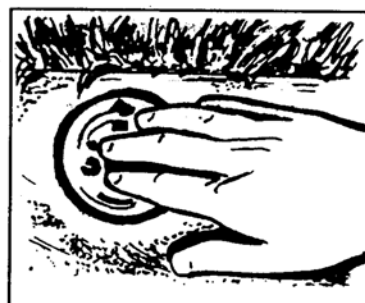
Please contact das Manufacturing, Inc. if you have ANY questions regarding proper installation technique or special requirements.



Clean application surface with wire brush. Surface must be clean, dry, and free of any loose debris. *The presence of any foreign material (paint, oil, etc.) may affect adhesion.*



Apply adhesive to the back of the marker as shown. Start $\frac{1}{8}$ " in from the outside edge applying an even bead around the entire edge and then work to the center.



Place the marker on the application surface. Push down HARD with a twisting motion forcing adhesive out from the edge. It is important that the entire edge of the marker is sealed to the application surface.

At 75° F, adhesive will skin over in 1-hour, become hard to the touch in 4 hours, and achieve a full cure in 18 hours.

Hints for Use

- ❖ It is not necessary to use a large amount.
- ❖ Push down on the marker so that it is "tight" to the surface. Large amounts of adhesive trapped under the surface of the marker can retard cure time.
- ❖ Make sure that the edge has approximately $\frac{1}{8}$ " of adhesive all around to seal edge to the surface.
- ❖ Wash hands with hand cleaner then soap and water.

DANGER: Extremely flammable. Vapor harmful. Vapors may ignite explosively. Use only in well ventilated area. Keep away from and do not use near heat, sparks, and open flame. Do not smoke. Extinguish or remove from area all sources of ignition during use and until all vapors are gone. Keep container closed when not in use and store at room temperature. Do not swallow or breathe vapor. Can cause respiratory irritation, dizziness, headache, nausea, unconsciousness. Avoid contact with skin, eyes or clothing. Can cause irritation and burns. **KEEP OUT OF REACH OF CHILDREN.**

FIRST AID PROCEDURES: **Inhalation:** Remove to fresh air, administer oxygen or artificial respiration. Contact physician. **Eyes:** Flush eyes with water for at least 15 minutes. **Skin Contact:** Wash with soap and water. Contact physician if irritation persists. **Ingestion:** Do not include vomiting. Contact physician immediately.

Hazardous Ingredients: Toluene C.A.S. No. 108-88-3

NOTICE TO PURCHASER: The following warranty is in lieu of all other expressed or implied warranties, specifically all goods manufactured of first class materials and by competent workmen. We have no control over the use and application of the contents herein. Our liability shall not exceed the purchase price of this product.

das Manufacturing, Inc.

3610 Cinnamon Trace Drive

Valrico, Florida 33594

(800) 549-6024 Phone

(813) 681-5807 Fax